



DEPARTMENT OF CONSUMER AFFAIRS
 CALIFORNIA BOARD OF ACCOUNTANCY
 2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
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 WEB ADDRESS: <http://www.cba.ca.gov>



CERTIFICATE OF EXPERIENCE IN ACADEMIA

This form is to be MAILED directly to the California Board of Accountancy (CBA) by the person verifying the experience.

SECTION I: *(PRINT OR TYPE)*

FULL NAME OF APPLICANT: (No Initials) (First) (Middle) (Last)				
EXPERIENCE IN ACADEMIA				
This institution's record show that the above named individual is / was an instructor at this institution.				
<p><i>Please list the following information for all courses in qualifying subjects for which the applicant was an instructor. Qualifying subjects are (accounting, auditing, financial reporting, external or internal reporting, financial statement analysis or taxation). Attach additional pages as needed.</i></p>				
Course Number	Title of Course	Number of Units	Dates of Instruction	
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		

SECTION II

INSTITUTION NAME:	INSTITUTION TELEPHONE: Area Code ()
ADDRESS: (Include City, State, and Zip Code)	

Section 12.1 of the CBA Regulations requires that experience in academia be verified by the dean, head, or chair of the applicant's department.

I hereby certify, under penalty of perjury under the laws of the state of California, that I have personally reviewed this institution's records and that the foregoing information provided in Sections I and II above are true and correct.

SIGNATURE (DO NOT USE BLACK INK)	TITLE: <input type="checkbox"/> Dean <input type="checkbox"/> Chair of Department <input type="checkbox"/> Head of Department
PRINTED NAME	Date:

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The California Board of Accountancy (CBA) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 5080-5095, Title 16, California Code of Regulations section 12.1, and the Information Practices Act. The CBA uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The CBA cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Executive Officer at 2000 Evergreen Street, Suite 250, Sacramento, CA, 95843 or by phone at (916) 263-3680.

For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.